FORM D

SEC 1972 (6/02): Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION



SEC	USE O	NLY
Prefix		Serial
DATI	E RECE	IVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Class A Preferred Stock Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA HOMSON
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Gourmet Pet Supply, Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
1325 – 12 th Street NW, Albuquerque, NM 87104 (505) 243-0518
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Manufacture and sale of "gourmet" pet food, primarily for birds and small animals.
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: [1] [1] [0] [4] Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D] [E]
GENERAL INSTRUCTIONS
Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		A DACIC ENTERED	ICATION DATE		
2. Enter the information requ	ested for the follo	A. BASIC IDENTIF	ICATION DATA		
•		uer has been organized wit	hin the past five years:		
Each beneficial own	er having the po	•	-	ition of, 10% or	more of a class of equity
securities of the issue	-	corporate issuers and of co	ornorate general and mans	oring partners of	partnership issuers; and
Each general and ma			orporate general and mana	ignig partiters of [DattileTSIIIP ISSUETS, allu
		·	M Evanutius Offices	☐ Director	General and/or
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	Managing Partner
Full Name (Last name first, i	f individual)				
Roddy, David W.					
Business or Residence Addre	•	•	le)		
1325 - 12th Street NW, Albu-	querque, NM 87	104			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Casey, Claudia					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
1325 - 12th Street NW, Albu	querque, NM 87	104			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Peterson, Kreig R.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
1325 - 12th Street NW, Albu	querque, NM 87	104			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Matthews, Les A.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
1325 - 12th Street NW, Albu-	querque, NM 87	104			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			-	
Peterson, Cynthia					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
1325 - 12th Street NW, Albu	querque, NM 87	7104			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)	······································	, <u>, , , , , , , , , , , , , , , , , , </u>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTIF	ICATION DATA		
2. Enter the information requ	uested for the follo	owing:			
 Each promoter of the 	e issuer, if the issu	er has been organized with	hin the past five years;		
 Each beneficial owr securities of the issu 		wer to vote or dispose, or	direct the vote or dispos	ition of, 10% or	more of a class of equity
Each executive offic	er and director of	corporate issuers and of co	orporate general and mana	ging partners of p	partnership issuers; and
Each general and ma	unaging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)	***	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)	32-9000 n 1s · · · ·	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)
2 of 5 (Duplicate if Needed)

				B. IN	FORMAT	ION ABO	OUT OFF	ERING		· · · · · · · · · · · · · · · · · · ·		
											Yes	No
1. Has the	issuer solo	d, or does	the issuer	intend to s	sell, to non	-accredite	d investors	s in this of	fering?			\boxtimes
			Ans	wer also i	n Appendi	x, Columi	2, if filing	g under Ul	LOE.			
2. What is	the minim	um inves	tment that	will be ac	cepted froi	m any ind	ividual?	•••••		•••••	-	
3. Does the	e offering	permit joi	nt ownersh	nip of a sir	ngle unit? .		•••••				Yes ⊠	No
offering and/or v associat	sion or sing in the single side of the sid	milar rem son to be e or states s of such a	uneration listed is and list the name of the or	for solicit associate ame of th dealer, yo	ation of pred person of broker of	urchasers or agent c r dealer.	in connect of a broker If more th	tion with s or dealer an five (5)	sales of se registered persons t	ecurities in with the to be listed	the SEC dare	
Full Name	(Last name	e first, if i	ndividual)									
NONE Business or	Residenc	e Address	(Number	and Street	. City. Stat	te. Zip Co	de)					
Name of As	ssociated I	Broker or	Dealer									
States in W	hich Perso	n Listed	Has Solicit	ed or Inte	nds to Soli	cit Purcha	sers					
(Check "A	All States"	or check	individual	States)				•••••		•••••		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)									
			•									
Business or	Residenc	e Address	(Number	and Street	, City, Stat	te, Zip Co	de)					
Name of A	ssociated l	Broker or	Dealer									
States in W	hich Perso	n Listed	Has Solicit	ed or Inte	nds to Soli	cit Purcha	isers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)									
Business or	Residenc	e Address	(Number	and Street	, City, Star	te, Zip Co	de)					
Name of A	ssociated l	Broker or	Dealer									
States in W					nds to Soli	icit Purcha	asers				_	
(Check "A				,								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	S
1.	Enter the aggregate offering price of securities included in this offering and the total		
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt\$		\$
	Equity\$	390,578	\$390,578
	☐ Common ☐ Preferred		
	-		\$
	Partnership Interests\$		\$
	•		\$
		390,578	
		370,376	\$390,578
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased		
۷.	securities in this offering and the aggregate dollar amounts of their purchases. For		
	offerings under Rule 504, indicate the number of persons who have purchased securities		
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		
	is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	6	\$390,578
	Non-accredited Investors	N/A	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
	Answer also in Appendix, Column 4, it ming under Obol.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for		
	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve		
	(12) months prior to the first sale of securities in this offering. Classify securities by type		
	listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	<u>N/A</u>	\$
	Regulation A	N/A	\$
	Regulation 504	N/A	\$
	Total		\$
4	Examish a statement of all auronous in compaction with the issuence and distribution		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses		
	of the issuer. The information may be given as subject to future contingencies. If the		
	amount of an expenditure is not known, furnish an estimate and check the box to the left of		
	the estimate.		
			•
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	\boxtimes	\$ <u>10,731</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fee separately)		\$
	Other Expenses (identify) Management assessment - \$1,288; document production &		
	miscellaneous - \$466	\boxtimes	\$1,754
	Total		\$ 12,485

	C. OFFERING PRICE, NUMBER	R OF INVESTORS, EXPENSES AND USE	E OF PROCEEDS	
5.	b. Enter the difference between the aggreg C – Question 1 and total expenses furnished is difference is the "adjusted gross proceeds to the Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the furnish an estimate and check the box to the left listed must equal the adjusted gross proceeds to Question 4.b above.	s proceeds to the issuer used or proposed to the amount for any purpose is not known, it of the estimate. The total of the payments	\$	378,093
	Salaries and fees	sachinery and equipment \$	Payments to Officers, Directors, & Affiliates \$\ \$\$\$ \$\$\$ \$	Payments To Others
	Column Totals		□ \$	378,093
the f writt	issuer has duly caused this notice to be signed by following signature constitutes an undertaking been request of its staff, the information furnished 502.	y the issuer to furnish to the U.S. Securitie	s and Exchange Cor	nmission, upon
Gou Nam	er (Print or Type) rmet Pet Supply, Inc. e of Signer (Print or Type) id W. Roddy	Signature / Lavil W, Lust Title of Signer (Print or Type)	Date 2/	15/05

IN THE PROPERTY.	ATTENTION
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).